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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *chk 12/12/05*  
 This application is a 371 of PCT/FR03/00736 03/07/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *chk 12/12/05*  
 FRANCE 02/02948 03/08/2002

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 4	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>chk</i>		

ADDRESS  
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TITLE  
 Medical usage connector assembly for the transfer of fluids

FILING FEE  RECEIVED 605	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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